

PLEASE PRINT ALL INFORMATION. THIS INFORMATION IS NOT CONFIDENTIAL

## APPALACHIAN LEGAL SERVICES ADOPTION APPLICATION

1. Name of child to be adopted: \_\_\_\_\_
2. Birth date of child to be adopted \_\_\_\_\_
3. Place of child's birth \_\_\_\_\_
4. Name of person wishing to adopt \_\_\_\_\_
6. Age of person wishing to adopt \_\_\_\_\_ Date of Birth \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_
7. Is the person wishing to adopt related to the birth mother or biological father?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If Yes, how? \_\_\_\_\_
8. Address of person wishing to adopt \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_
9. Name of child's birth mother \_\_\_\_\_
10. Address of child's birth mother \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_
11. Name of child's biological father \_\_\_\_\_
12. Address of child's biological father \_\_\_\_\_  
\_\_\_\_\_ Phone No. \_\_\_\_\_
13. Is biological father's name on the birth certificate? \_\_\_\_\_Yes \_\_\_\_\_No
14. Is mother of child willing to agree to adoption? \_\_\_\_\_Yes \_\_\_\_\_No
15. Is father of child willing to agree to adoption? \_\_\_\_\_Yes \_\_\_\_\_No
16. Has there been a Court Order issued regarding custody, visitation, or child support for the child to be adopted? \_\_\_\_\_Yes \_\_\_\_\_No
17. If yes, which Court, where and when? \_\_\_\_\_  
\_\_\_\_\_
18. If Yes, do you have a copy of this Order? (Please make a copy of the Court Order and send it to us) DO NOT SEND ORIGINAL
19. Will the child receive Social Security or other benefits, if adopted? \_\_\_\_\_Yes \_\_\_\_\_No
20. Has the child resided in West Virginia for past six (6) months? \_\_\_\_\_Yes \_\_\_\_\_No

21. Addresses where the child has lived and whom for the past 5 years (or since birth of child under 5 years).

The children have lived \_\_\_\_\_ With these people \_\_\_\_\_ During this time \_\_\_\_\_  
at this address

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